


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90022 011 ***150.00

DOCUMENT # P07000119917	
1. Entity Name AJQ LOCKSMITHS, CORP	

Principal Place of Business 4760 W ATLANTIC BLVD #104 MARGATE, FL 33063	Mailing Address 4760 W ATLANTIC BLVD #104 MARGATE, FL 33063
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40040000



2. Principal Place of Business - No P.O. Box # 3123 S. SEMORAN BLVD Suite, Apt. #, etc. #296 City & State ORLANDO, FL Zip 32822 Country USA	3. Mailing Address 3123 S. SEMORAN BLVD Suite, Apt. #, etc. #296 City & State ORLANDO, FL Zip 32822 Country USA
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02272008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1375697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent RAMOS, ALEX Q 4760 W ATLANTIC BLVD #104 MARGATE, FL 33063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3123 SEMORAN BLVD #296 City ORLANDO FL Zip Code 32822
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, ALEX Q 4760 W ATLANTIC BLVD MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3123 SEMORAN BLVD #296 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUESNEL, JEAN PIERRE 4760 W ATLANTIC BLVD MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3123 SEMORAN BLVD #296 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *V. PRESIDENT* *3-10-08*